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Older Women and Transport Issues in Sub-Saharan Africa

Knowledge of the links between transport, mobility and poor people's livelihoods and wellbeing in Africa is remarkably sparse. Yet older people form a substantial and key component of African populations, not least in the era of HIV/AIDS. In many countries this has left grandparents supporting and caring for grandchildren in the context of a missing or incapacitated middle generation due to parental deaths and ill health. In a recent study on child mobility (www.dur.ac.uk/child.mobility), we found approximately 20% of the 1000 child respondents surveyed in each of our three study countries live with people other than their parents. In South Africa, Malawi and Ghana respectively, 14%, 9% and 9% were found to be living with grandparents (usually grandmother alone); the remainder lived with other relatives/foster parents, many of whom are older people. In HIV/AIDS and other contexts, many older carers lack financial support from the child's parents and struggle to provide for children in their care. Mobility, or lack of it, is likely to be implicated in this and many other facets of older people's lives (Schwanen and Paez 2010).

Immobility is strongly linked to issues of poverty, a common characteristic of Africa's older people, especially in societies like Ghana where the government does not provide social security for the elderly, and family support for them is assumed (Apt 1997; van der Geest 1998; Aboderin 2004). Immobility is also linked to problems of growing infirmity, faced by many people as they experience old age. Ill-health and infirmity may introduce very substantial problems for older people, in a walking world where pedestrian transport dominates among all ages (Porter 2002). Reduced pedestrian mobility due to infirmity and the unaffordable cost of motorised transport may help to limit older people's access to work and vital health care, thus reinforcing their poverty; a vicious circle in which mobility restrictions form a key component.

Older women are likely to face particular difficulties for a number of reasons:

- | They tend to be among the poorest in society and poorer than their male counterparts of the same age because they have had less opportunity through their lives to access resources and build assets.
- | Many elderly women are now carers. In the context of HIV/AIDS, many have to support young orphans in their homes (Clacherty 2008). This introduces additional costs in providing for food, school uniforms etc.
- | Given their limited access to resources and the cost of their caring responsibilities, older women are often among those least able to afford transport fares. However, those who have adult children affected by HIV/AIDS, in particular, may require prolonged travels to care for the sick (Ssengonzi 2009).
- | Access to a secure livelihood is often particularly difficult for older women in rural areas where income from farming is frequently insecure. Multiplex livelihoods and off-farm income are widely recognised to provide a route out of rural poverty (Bryceson 1999, 2002; Yaro 2006), but livelihood diversification for women (whether in rural or urban areas) tends to imply trading. This usually requires travel to the nearest market or service location, causing particular difficulties if heavy loads have to be transported on foot (Apt et al. 1995; Grieco et al. 1996; Ipingbemi 2010).
- | Older women travellers not only face a shortage of funds to pay transport fares, but may also experience other travel difficulties around specific problems which may be associated with old age among women such as urinary incontinence due to earlier obstetric problems (e.g. obstetric fistula and related conditions).
- | In some regions the demands of load carrying on women from childhood and onwards *appear* to impact severely on health and quality of life as they enter and experience old age (though there appears to be no detailed evidence base to support this hypothesis). The implications of Africa's transport gap and consequent dependence on pedestrian headloading (often designated a female

activity) has received remarkably little attention. The particular plight of older women in accessing fuelwood, water and markets needs further investigation (Porter, Blaufuss and Acheampong, in press). Although older people, especially women carers, appear to be among the poorest and least mobile in society, there is little direct information about their mobility and transport needs in Africa. One study of rural markets in the early 1990s on the Jos Plateau, Nigeria, found older women were generally much more restricted in their general travel for trade than elderly men, and were under-represented in the markets because they could not afford any form of motorised transport. Widespread decline in off-road markets associated with new road construction and associated transport reorganisation meant they were less able to walk to the nearest functioning market and consequently suffered substantial disadvantage (Porter 1993, 1997). However, we can expect considerable diversity of experience amongst older people, not only according to gender, but also with ethnicity, socio-economic status, family composition (dependants etc.), occupational history, infirmity/health, personal mobility status, density of service provision, etc. We need to know more about how this diversity impacts on transport usage, suppressed journeys, mobility and access to services, and other elements important to well-being. Durham University and HelpAge International, in collaboration with IFRTD and other organisations in Ghana and Tanzania, are currently actively searching for funds to support a major study of these issues.

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